PLACE OF BIRTH	ARIZONA STATE BOARD OF HEALTH
County of Vice	BUREAU OF VITAL STATISTICS State Index No.
District of	ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 200
Town of Meanie	Local Registrar's No
Or City of	/No.
FULL NAME OF CHILD. Ma	inuel Campos (Born) YES
If child is not named, make Supplement	al Report on blank obtainable from local registrar. Alive
Sex of Child Twin, Triplet or other Full Name FATHER	and Number Legitimate? Date of May 26 191 8
Residence Meeuri Color Age at last	Residence Macani
or Race Birthday	
Birthplace Tues, es	Birthplace Dury. Q 2
Occupation Johnson	Occupation
Number of child of this mother Number of childre	en, of this mother, now living Were precautions taken against Ophthalmia neonatorum?
CERTIFICATE (OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth o	f above child; and that it occurred on May 26 191 8 at 90 M.
When there is no attending physician or midwife, then the householder should make this return.	(Signature) Charles Small (Attending physician, midwife, householder.)
Given or christian name added from a	Qu
supplemental report191	Fileful 301918 John C Noey
432-536-949 COUNTY REGISTRAR.	Fileding 1918 A True Copy C LOCAL REGISTRAR.
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